APPLICATION FOR AN ANNUAL OPERATING PERMIT DESCRIBED BY CHAPTER V, ARTICLE X, DIVISION 2 OF THE POLK COUNTY RULES AND REGULATIONS

Permit # 02615

1.	1. EXACT LEGAL Name of Company or Business: Rain Hail, LLC			
2.	Mailing Address: Mid-America Insestment Co. 4700 Westow	'n Parkway, Svite 303	West Des Mointes, IA	
3.	Zip Code: 50266 Phone Number: 5	15-284-3649 FAX	#: <u>515-224-36</u> 66	
4.	Person to whom correspondence should be addressed (applicant): Stylen M. Coleman (Mid-America Investment Co.)			
5.	Address where equipment is located: 9200 Northpark Prive, Urbandale, IA 50131-3006			
6.	Person on site in charge of equipment operations (Print or Type):			
Randy Thomas 559-1000				
7.	Stur M. Coleman	lice President, Progern	Management	
	Signature of Applicant	Pos	ition	
8.	RETURN THIS APPLICATION, ANY ADDITIONAL REQUESTION TO SERVICE WORKS Air Quality Division 5885 NE 14 th Street Des Moines, IA 50313-1202	UIRED FORMS AND PERMIT	PEE TO:	
DO NOT SEND CASH				
9. Make check or money order payable to: POLK COUNTY				
10	0. Please indicate your assigned Annual Operating Permit	Number on your accompanying	g payment.	
11.	If you have questions regarding any of the above, please	e contact the Air Quality Divisio	n at (515) 286-3351.	
	FOR OFFICE USE	E ONLY:		
	02615	2010		
	Annual Permit #	Permit Year		
	\$ 252 °º	100 50 84		
	Permit Fee	Check#		
	11/23/09	0.5-1		
	Date	Cash		